

 <p style="margin: 0;">United States Environmental Protection Agency Office of Pesticide Programs Registration Division (TS-767) Washington, DC 20460</p> <p style="margin: 0;">Application for/Notification of State Registration of a Pesticide To Meet a Special Local Need (Pursuant to Section 24(C) of the Federal Insecticide, Fungicide, and Rodenticide Act, as Amended)</p>		<p style="margin: 0;">For State Use Only</p> <p style="margin: 0;">Registration No. Assigned</p> <p style="margin: 0;">Date Registration Issued</p>													
1. Name and Address of Applicant for Registration		2. Product Is (Check one)													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> EPA-Registered <input type="checkbox"/> </td> <td style="width: 30%;">EPA Registration Number</td> </tr> <tr> <td> New (not EPA-registered) <input type="checkbox"/> Attach EPA Form 8570-4, Certified Statement of Formula, fix now products. </td> <td>EPA Company Number</td> </tr> </table>		EPA-Registered <input type="checkbox"/>	EPA Registration Number	New (not EPA-registered) <input type="checkbox"/> Attach EPA Form 8570-4, Certified Statement of Formula, fix now products.	EPA Company Number								
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		3. Active Ingredient(s) in Product													
4. Product Name		5. If this is a food/feed use, a tolerance or other residue clearance is required. Cite appropriate regulations in 40 CFR Part 180, 21 CFR Part 193, and/or 21 CFR Part 561.													
6. Type of Registration (Give details in Item 12 or on a separate page, properly identified and attached to this form):		7. Nature of Special Local Need (Check one)													
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		<input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Canceled <input type="checkbox"/> Suspended Previous Permit Action: <input type="checkbox"/> Registration <input type="checkbox"/> Experimental Use Permit <input type="checkbox"/> No Previous Permit Action													
10. Has a FIFRA Section 24(C) registration for this use of the product ever, by another State been (Check applicable box(es))		11. Endangered Species Act- (Give details in Item 12 or on a separate page, properly identified and attached to this form)													
<input type="checkbox"/> Sought <input type="checkbox"/> Issued <input type="checkbox"/> Denied <input type="checkbox"/> Revoked If any of the above are checked, list States in item 12 below. <input type="checkbox"/> No FIFRA Section 24(C) Action		Identify the counties where this pesticide will be used. If Statewide, indicate "all." Provide a list of Federally protected endangered/threatened species which occur in the areas of proposed use.													
<p style="text-align: center;">Certification</p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</p> <p>Signature of Applicant or Authorized Representative</p> <p>Title</p> <p>Telephone Number Date</p>		12. Comments													
Determination by State Agency This registration is for a Special Local Need and is being issued in accordance with section 24(c) of FIFRA as amended. To the best of our knowledge, the information above is correct, except as noted in "Comments" below or in attachments.															
Name, Title, and Address of State Agency Official		Comments (by State Agency Only)													
Title															
Telephone Number Date															
		Received by EPA													